Understanding Mothers experiencing homelessness: A gendered approach to finding solutions for family homelessness

DR. KATRINA MILANEY, KAYLEE RAMAGE, XIAO YANG FANG, MARILYN LOUIS

TABLE OF CONTENTS

Introduction:

The following report examines the intersectionality of social experiences for mothers and families who are experiencing homelessness in two shelters and one housing program in Calgary, Alberta. Much of the research on homelessness and 'what works' for supporting individuals into sustainable housing comes from literature on the single, adult, male population. Little is known about how to best support women and children who are experiencing homelessness or the pathways into and out of homelessness for this population. This study provides evidence to better understand how families become homeless and the experiences of mothers and children as they move within the homeless, immigration and child welfare systems while dealing with a history of violence, trauma, and poverty. We conclude with several recommendations, from an asset- or strength-based approach, to reduce structural barriers, bridge gaps between public systems, increase access and availability of supports and ensure trauma-informed care is at the root of interventions for vulnerable women and children.

Background and Rationale:

On any given night across Canada, there are approximately 35,000 people experiencing homelessness (Gaetz, Donaldson, Richter, & Gulliver, 2014). In Calgary, according to 'point-in-time counts', there are more than 3,500 people each day without a permanent address. Of those, 859 are women and 209 are families, these families include 284 children. However, there are an additional 14,000 Calgary households at imminent risk of homelessness (Calgary Homeless Foundation, 2014). Families are a minority sub-group of the homeless population; however, they are the fastest growing group. According to Segaert (2012), there was a 50% increase in families' average length of stay in shelter and total numbers across Canada between 2005 and 2009. This is triple the average length of stay for the total homeless population. While women make up approximately 25% of the adult homeless population, they are the majority of lone parents in homeless families (Calgary Homeless Foundation, 2014). Homelessness for women and families is particularly complex because of the presence of children and gender-specific vulnerabilities. Women experiencing homelessness have high rates of post-traumatic stress disorder, (36%), mental health issues like depression (50%) (Bassuk, Volk, & Oliver, 2010)

and report high rates of sexual exploitation, violence, and assault (Paradis & Mosher, 2012), from 37% -89% (Homes for Women, 2013). While Indigenous people account for approximately 3% of Calgary's population, the city's most recent point-in-time count showed that 34% of women counted were Indigenous (Calgary Homeless Foundation, 2014) and further, staff working in two of Calgary's emergency shelters report that as many as 50% of families in shelter are Indigenous (personal correspondence, March 2014). According to the Centre for Addiction and Mental Health, the number of immigrants and refugees accessing youth and family shelters has been steadily increasing (CAMH, 2014). In 2014, 17% of household heads in family shelters in Calgary were Caucasian. By contrast, 64% of all homeless persons in Calgary identified as Caucasian (Ruttan, LaBoucane-Benson, & Munro, 2010).

In 2007, the Sheldon Chumir Foundation estimated that emergency responses to homelessness like police, emergency medical services and emergency room visits costs Canadian taxpayers approximately $4.5 to $6 billion every year. Gaetz, Donaldson, Richter and Gulliver (2014) argued that emergency responses to homelessness are expensive and ineffective because without permanent interventions to end homelessness, individuals including children will continually cycle through expensive public systems and their physical and mental health will deteriorate the longer or more often they are homeless. Homelessness also increases the likelihood of an early death (Frankish, Hwang, & Quantz, 2005). Risk factors, or pathways for homelessness, are typically a combination of individual and structural factors (Tutty et al., 2013). Individual factors include family violence, mental health issues, substance use, low income, under or unemployment and a lack of social supports. Structural issues include a lack of affordable and appropriate housing options and public policy that creates barriers for those 'on the margins' (Barrow & Laborde, 2008; Bassuk & Rosenburg, 1988; Bassuk et al., 1997; Broussard et al., 2012; Paradis, Novac, Sarty, & Hulchanski, 2008; Shlay, 1994). While each individual or family's experience is different, the level of vulnerability and complexity of support needs is usually the result of the combination and cumulative effects of these factors (Frankish, Hwang, & Quantz, 2005).

Much existing research on women and homelessness focuses on the health outcomes of mothers and their children and shows adverse perinatal outcomes including low birth weight, pre-term deliveries, increased risk for anxiety, depression, developmental disability in children and high risk for multiple episodes of homelessness for the family (Little et al., 2005). The literature extends beyond mothers into research on the effects of trauma and familial stress on children and their development. In particular, exposure to violence and homelessness is argued to lead to social isolation, poor school performance, disability, future unemployment and increased likelihood of a continuation of unhealthy habits into adulthood (Anooshian, 2005; Benbow, Forchuk, & Ray, 2011; Culhane, Metraux, Park, Schretzman, & Valente, 2007; Gully, Koller, & Ainsworth, 2001). Evidence also suggests that children born into homelessness are at high risk to caught into the cycle of homelessness as a second generation (Buckner, Beardslee, & Bassuk, 2004; Rafferty & Shinn, 1991).

Indigenous families can have particularly complex needs as they are often affected by intergenerational trauma due to the political and structural impacts of colonization, for example, the 'sixties scoop' and residential schools (Ruttan, LaBoucane-Benson, & Munro, 2010). In addition, they may need particular cultural supports and/or support staff with competency in providing culturally safe and appropriate services (Thurston, Oelke, Turner, & Bird, 2013). New immigrants and refugees are often fleeing violence from war torn countries, have experienced deep and profound trauma and/or cultural and language barriers (Papageorgiou et al., 2000).

Some researchers discuss the ways in which risk factors intersect and exacerbate risk. For example, lone parent mothers from minority groups and/or who have a mental health issue face increased barriers to housing access (Bassuk & Rosenburg 1988; Benbow, Forchuk, & Ray, 2011). Other researchers connect limited social support or exposure to violence with increased risk of mental or physical health problems (Tischler, Edwards, & Vostanis, 2009; Vostanis, Tischler, Cumella, & Bellerby, 2001) and further, that interactions with public systems such as child welfare and policy that is 'siloed' or designed to address singular issues creates barriers that can intensify risk (Milaney, 2013).

While there is research to show that the pathways into the child welfare, justice and emergency shelter systems are similar (Covington & Bloom, 2003; Kohl, Edleson, English & Barth, 2005; Tutty el al., 2013), there is limited empirical, longitudinal research in the homelessness literature on effective ways to support lone parent women and their children into substantive and sustainable change that can break the cycle of multiple-generations of violence and homelessness and create opportunities for healthy futures. Given the high rates of female lone parent families accessing services and the high rates of violence, exploitation and victimization that women face, a 'gender lens' is required to develop appropriate supports (Homes for Women, 2013). Applying community-based supports without acknowledgement of 'gendered' experiences, or taking a 'gender neutral' approach, can actually exacerbate emotional and mental distress (Milaney, 2013). Given the complexity of women's experiences, singular approaches are likely not adequate for true healing. Interventions and the policies that guide them need to be re-framed within broader social-economic and structural barriers, such as a lack of housing, inadequacy of government financial benefits, and multi- generational vulnerability in order to be substantive and sustainable. Thus, there is a need to challenge singular responses and to propose an approach for women and their children that is reflective and inclusive of the gendered experiences of intergenerational trauma as a root cause of homelessness.

As such, this study took up multiple methods in order to examine the experiences of intergenerational issues including family violence and systems use by families experiencing homelessness and to identify changes to service delivery and public policy to propose a gender appropriate approach. The research question for this study is: How do women understand the complexities related to their experiences of family homelessness and violence and the influence of services and policy on their life trajectories?

Methods

This project was grounded in critical social theory (CST). CST is an appropriate approach for complex social issues as it attempts to connect individual issues to each other and to structural issues of power, exclusion, and ideology (Agger, 2006). Some post–modern critical researchers

argue that taking a critical approach to examinations of women's experiences adds a level of sophistication to the analysis of complexity and vulnerability that non-critical approaches cannot (Titchkosky, 2007; Milaney, 2013). Critical research that examines structural barriers and the implications of power differentials can help us to understand inequities in service delivery and policy development for people considered vulnerable. Thus elevating the discussion away from 'problems' with individuals and the resultant simplistic responses, towards 'problems' with public systems and therefor, more holistic responses.

Our approach allowed for a complex examination of the experiences of mothers who are homeless through an exploration of multiple experiences of marginality (Thomas, 2007). By using this lens, we have opportunity both to understand 'how things are' and therefore create alternatives for how things 'could be', particularly useful for challenging 'status quo' approaches and to propose alternatives to public policy and service delivery (Milaney, 2013).

The current study included a participatory approach, data from the Calgary Homeless Management Information System (HMIS) and retrospective qualitative interviews from women experiencing homelessness and a group interview with service providers from family shelters. The qualitative interviews focused on recording and analysis of the power of discourse; prevailing discourse, internalization of same, and the impact of both on understanding of and responses to homelessness among women and their children. This approach allowed both historical and current data to be collected and examined. Two women with lived experience were hired to work with the research team during the qualitative data collection and analysis, three community partners, the Calgary Homeless Foundation and a representative from Human Services provided expert feedback and advice throughout the project (advisory committee). This approach was chosen as inclusion of peers and community partners on the research team helps to break down power differences between researcher and participant, helps establish trust, particularly important when working with marginalized groups, and brings diverse skills and abilities to the inquiry process (Denzin & Lincoln, 2011).

Unfortunately, several weeks into data collection our two mothers had to withdraw from the study due to changes in their ability to commit. We developed an alternative approach by hosting a group member check with seven mothers currently living in a short-term housing

7

program with their children to share preliminary findings and seek their advice and feedback. This group discussion was very helpful in terms of developing recommendations for changes to public policy and service delivery.

Interviews

Retrospective qualitative interviews with 15 mothers were conducted to determine childhood experiences of homelessness, family violence, low income, mental health and/or substance use issues. Interview questions included information about historical patterns of health and justice system and child welfare involvement. Retrospective interviews were chosen as longitudinal research is costly and time consuming. The retrospective interview allowed an examination of past histories but in a much shorter time frame and some researchers argue that a retrospective interview about "significant events… is often a more effective design than repeating interviews throughout the event" (Morse, 2011, p. 411). Primarily because participants have had time to think, reflect and learn what effect the incident had on their lives (Morse, 2011). Qualitative interviews followed guidelines for ethnographic research and were conducted in three community-based agencies: Inn from the Cold, Journey House (a short-term housing program), and the YWCA. A group interview was conducted with nine staff who work in agencies that support women and children to gain insight and expertise on current gaps in the system and to capture ideas for innovative alternatives.

Sampling

Women were recruited from shelters via posters inviting them to volunteer to participate in an interview. Inclusion criteria included: currently staying in a family shelter; having been pregnant and/or had children with them within the last five years while experiencing homelessness; and being over 18 years of age. Women called the research team directly to set up an interview.

A small purposive sample of agency staff who work directly with women and children were invited to the group interview via email. Staff had varying years of experience and levels of expertise but all were currently working in a family shelter or housing program. Their inclusion was meant to enable an examination of current practices to identify gaps for women and children with complex needs as well as to propose innovative alternatives.

Analysis of Data

HMIS data on family shelter users was analyzed by the Calgary Homeless Foundation. This data included 723 total 'unique' families who accessed any family shelter in Calgary between 2012 and 2015. This data was used to understand basic demographics of female heads of household including cultural background, immigration status, and primary residence prior to shelter, self-reported experiences with family violence, addictions, physical health issues and substance use. Questions also included level of education, historical involvement with foster care, and length of time in homelessness. This data was used to highlight the scale and scope of the issue of women and children's homelessness and helped bring to light their patterns and complexities.

Qualitative interviews were analyzed using an iterative process to interpret the data including, a) reading and memoing, to identify potential themes, b) describing what is going on in the data, to provide detailed descriptions of participants and their experiences of homelessness and c) classifying the data into themes (Gay & Airasian, 2003). The research team individually went through interview transcripts and highlighted key themes. The team then met as a group several times to discuss and compare learnings. This process led to the development of preliminary themes. These themes were shared with the advisory committee and staff in the group interview for further thoughts and discussion. The final themes emerged from this iterative process.

Findings

HMIS Analysis:

The Homelessness Management Information System (HMIS), used in Calgary, AB by agencies funded by the Calgary Homeless Foundation, provides a wealth of data regarding client stays in homeless-serving agencies as well as their demographic information. The resulting data is from April 1, 2012 to March 31, 2015 for all four family shelters in HMIS (Inn from the Cold, Brenda's House, Emergency Placement and Outreach Program [EPOP], and Knox Inn). All data is self-reported.

Over the three year period, the total number of unique families in a single 12-month period increased. In 2012-2013, there were 93 families and in 2013-2014, there were 310 families. This is likely due to improvements in data entry by shelter staff during this period. Continuing increases were likely due to the addition of EPOP and Knox Inn to the HMIS during this time. Ninety-one percent of heads of households in our sample were women.
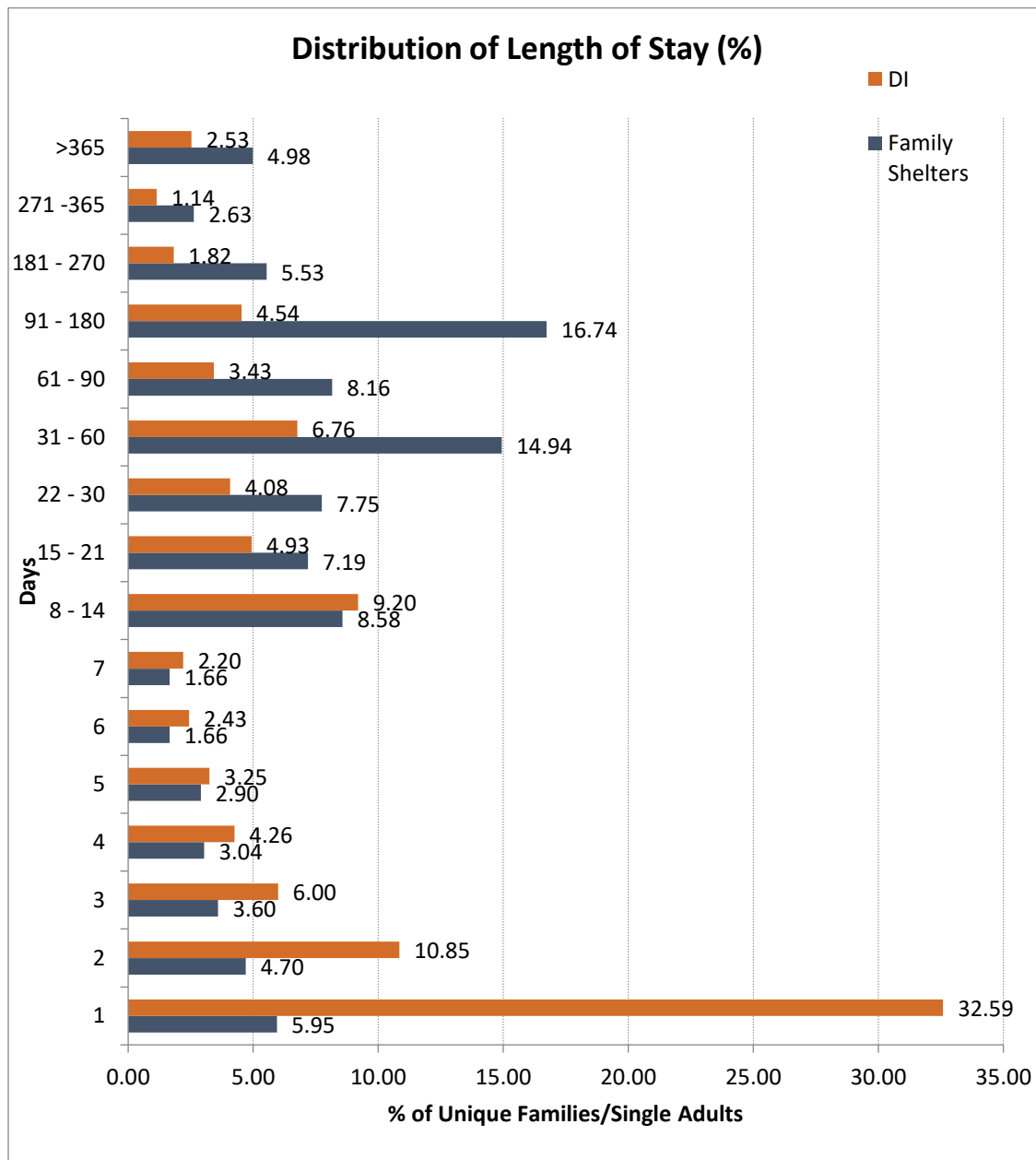
Family Demographics

- 45% identified as Aboriginal
- 20% as African/Caribbean
- 17% as Caucasian and 18% as 'other'
- 73% reported being Canadian citizens
- 12% permanent residents and 15% as 'other'
- 39% had been couch surfing (hidden homeless) prior to coming to shelter
- 27.5% were evicted from rental housing
- 12% came from another shelter
- 26% answered yes to the question about past family violence
- 56% said no and 18% "did not know"
- 14% reported a mental health issue
- 23% a physical health issue
- Only 5.7% said yes to a history of substance use
- 41% had less than a high school education
- 21% answered unknown or missing information about their educational background
- 16% reported a history in foster care

Length of Stay in Shelter

As compared to the single, adult population (as per the Drop-In Centre or 'DI'), families showed a much different distribution of length of stay in shelters (see Figure 1). Most single adults stayed only one night in shelter (32.6%), with less than thirty percent staying more than two

weeks in shelter. The opposite is true for families. Approximately 6% of families stayed for only one night, with 32.1% staying for less than two weeks. The majority of families stayed for between 31 and 180 days (39.8%) and 5% stayed for greater than 365 days. This indicates that there is a need to approach family homelessness differently than for the adult, single population as they move through the system.

Distribution of Length of Stay (%)

■ DI
■ Family Shelters

Days	DI	Family Shelters
>365	2.53	4.98
271 - 365	1.14	2.63
181 - 270	1.82	5.53
91 - 180	4.54	16.74
61 - 90	3.43	8.16
31 - 60	6.76	14.94
22 - 30	4.08	7.75
15 - 21	4.93	7.19
8 - 14	9.20	8.58
7	2.20	1.66
6	2.43	1.66
5	3.25	2.90
4	4.26	3.04
3	6.00	3.60
2	10.85	4.70
1	32.59	5.95

% of Unique Families/Single Adults

11

Qualitative Analysis

In total, 15 mothers were interviewed regarding their experiences with homelessness and being a mother in the shelter system. The majority of mothers who came forward for interviews were immigrant/refugee mothers. Several themes emerged regarding their experiences, including their pathways into homelessness, the barriers to stability, their experiences in the shelter system, involvement with Child & Family Services (CFS) and the immigration 'system', identity, resiliency, and moving forward.

Pathways to Homelessness

Several pathways into homelessness were identified, including violence, immigration issues, lack of social supports, living in poverty, and children themselves. Violence was a key initiating factor into homelessness and into other pathways; if a woman was a victim of abuse (especially intimate partner violence), she often found herself without financial support (living in poverty) and with strain on employment because of the need for childcare or other supports for her children, for whom she was now completely and independently responsible.

Violence

Violence was conceptualized by the women in a variety of ways: intimate partner violence, familial violence during childhood and into adulthood, and structural violence.

Many of the women indicated that they had experienced intimate partner violence at some point in their lives, often from the father of their children. Emotional or physical abuse was identified by several women as the reason that they had become homeless – they needed to find a safe space for themselves and their children and had limited options for sustainable housing on their own. Several of the participants indicated that they had limited contact with their abusive partners but had continuing concerns for their safety. This impacted their ability to obtain financial support from their partners which often led to a loss of housing.

"It was rocky. Yeah it was a lot of domestic violence. That's why it was, it was a lot of CFS with us and this last time the boys in total would be four times so this last time they were there, they were in care for about a year and a half… It was stressful. Even though when we were still together, I was still doing everything on my own. I was a single mom but still married."

Intimate partner violence was seen as a clear pathway into homelessness as women were seeking safety and trying to avoid child welfare involvement in their homes. They often put their children first, recognizing that they wanted to be together, even if it meant becoming homeless.

"We lost our home in Edmonton because of my ex…I did try to resolve and get back together with him but he was still abusive. I was not only hurting myself but hurting my kids, like he was swearing at my daughter and my older son." (Mother)

"I had nowhere to go except go back to my husband and I didn't want to do that. Emotionally unsafe… I went down [to the SORCE] and talked to them … 'cause I really had nowhere to go and I think I broke down and then they told me to check out [Inn from the Cold]."

Familial violence during childhood also set the stage for further abuse and victimization during adolescence and adulthood. One woman talked about her experiences of sexual and physical abuse during childhood. When she tried to voice her experiences to a family member, they treated her with disbelief and caused her to leave the community and her social network behind to go stay with other family.

"She'd tell me to quit lying or stop lying or quit saying that, it's not true… She would beat me so bad to the point where I'd be getting my hair pulled and thrown against the wall. And you know that I don't and I started getting raped like ongoing so I thought I was normal and I stopped telling my Mom 'cause every time I told her I'd get the beat."

Another woman discussed emotional abuse at the hands of her mother because of cultural norms and expectations when she wanted to leave her physically abusive husband. She said that when she approached her mother to tell her she was leaving him, her mother called her a "whore" and told her she was a disgrace to her family and her community. She was told to "give him his children back" so that she would not bring the same shame to her children.

Structural or institutionalized violence was also present in the women's stories, instilling fear in them regarding their safety and their rights within their own communities and countries.

"When I'm small, the Ethiopian government is sometimes they come my house and beat my father and my big brother."

Immigration

Immigration issues were a common pathway into homelessness for the women interviewed. Issues with sponsorship when women left their abusive partners prevented women from continuing the citizenship process or obtaining a work visa. This limited their ability to find work and to make enough money to obtain and sustain housing and other necessities.

"After I come here, I couldn't find a good friend but I tried to rent. Rent too expensive for me with my two boys. The apartment almost over 1,200 … I can't afford… I try to apply Calgary Housing. I lose some document like confirmation of immigration... The Calgary Housing didn't accept me, my application. I don't have any choice. That's why the reason, I've never been in the homeless my entire life but it's good, I'm grateful still now."

Issues of intimate partner violence were made more complex when women had been sponsored by their partners.

"I cannot work, I'm not allowed to work. I'm not allowed, I'm not eligible for any help right now. Even the children, they don't have their, their health card is not working, they don't receive the Canada Child Tax Benefit. Everything, they don't receive everything since April last year and their father is not even, even giving child support. Even though I already have the court order… cause he wants me to get deported and he wants to get the kids from me."

Some of the women also talked about being "controlled" by their exes who would refuse to give them their papers if they left. Women often tried to stay with their partners so that they could complete the sponsorship process and get their citizenship or visas. However, this was often not a possibility and for their safety and well-being. This meant that their partners stopped the sponsorship process and they lost their status. Immigration matters were complicated by the fact that their children were Canadian citizens and they were not.

One woman talked about her abusive partner leaving her with her two kids and thinking that she would come back to him when her work permit expired.

"He said if you come back to me, we get together again and I will include you in my permanent residency application… I said no, I can process my own… Since he left these kids, he never buy anything for them. He never give anything for them. He never ask if, where are they living or they have a house to stay or they have food, they have food to eat. These kids are just lucky they have a strong mom."

Lack of Social Supports

Women with limited social networks were also vulnerable to homelessness. Small social networks are a potential result of abusive relationships, where women are more isolated from external supports. In their interviews, women described staying with their friends for short periods of time (i.e., couch surfing) before going to the shelter. In some ways, becoming absolutely homeless (i.e., staying in shelter) was a way to keep their social supports from breaking completely as they were worried about permanently damaging relationships because they had become dependent on their support.

Some of the women indicated that they had limited connections with their families and that their families did not even know that they had become homeless. These women did not have the strong social network to fall back on when they needed it, leading them into homelessness.

"I actually was at my Mom's house but we don't have a very good relationship so that's why it [shelter] was my last resort."

Poverty

Several women talked about the financial impact of violence and the impact of poverty on their path into homelessness. They talked about struggling to make ends meet for months before they became homeless, trying to buy diapers, bartering childcare with friends and going to the food bank. Many of the women had tried to access income supports but had not been successful. Several of them, even with income support through Alberta Works or child custody payments, still had difficulties making ends meet.

For women experiencing violence, poverty was also a common side effect. Women often stayed home with their children while their partner worked, so without experience or education, they were tied to his role. Even after leaving, they continued to experience violence through his control over custody payments.

"He's still trying to get that emotional hold … when they took him to Court to see how much he would pay, the support worker told me that he was very adamant that he pay me so when he, he doesn't pay at the end of the month like would normally, he pays me the two weeks after… I still see it as that's his hold and stuff so we're still kind of working with that but that's his way of

controlling and still trying to see me."

Focus on Family

Many of the participants noted that focusing on their children's needs were a contributing factor to their homelessness. One or two events meant the difference between being able to pay the rent and becoming homeless. For example, one woman lost her job because she had to take time off to take care for her sick son. She had some savings, but they dwindled when she was late to renew her Canadian work permit. Without savings and the ability to work, she and her son became homeless. Another woman discussed needing extra space and safety for her children, resulting in higher housing costs than would be required by a single adult. Another woman discussed how she and her three children were "doing good", working two jobs, but eventually the strain of being a single parent with underlying mental health issues became too much.

"I had everything going. I don't know what happened. Maybe all the stuff I was going through with my ex kind of triggered something, all the put downs, it just made me so not motivated … I would believe him. Mm-hm. And that's when everything went downhill, like I just gave up."

Barriers to Stability

Structural

Many of the women mentioned that a key reason for their continuing homelessness was the lack of available, affordable housing in Calgary. Most of the women had limited employment options or financial stability, especially with the complexities that they had faced in terms of violence and/or immigration. Several women had reported being on the waitlist for subsidized housing but that they were not high enough acuity to get housing or that the waitlists were too long.

"The waitlist [for Calgary Housing] is two years so I'm here [Journey House] for two years."

"I try to find the apartment but it's too expensive. The money that I had only, the small money I had, I can't afford a 1,200 like if you work labor job with the two boys you are low income, you need the low income subsidy house. I could, I try to apply, the Calgary Housing they didn't

accept my application. I didn't have any choice."

"When I was on it 15 years ago, when my other two kids were younger, when I left their Dad, like I've left a few times with my husband, but when I left at that time when they were just toddlers well of course rent was like five times cheaper, you could get in Calgary Housing no problem and … I didn't felt like I was struggling. And I only have one kid this time. Last time I had two and… I get the same amount I did pretty much with them when I had the two kids and so … they just don't give you enough even for rent really."

Many women discussed issues with timing. For example, many women had secured an apartment but could not access financial support for a damage deposit at the same time. Alternatively, many women were going through the process of obtaining financial supports but could not find housing that they could afford and/or the landlord rented to another person who had the damage deposit in place.

Other women talked about not being eligible for financial supports like Alberta Works or AISH. These were imminent issues, as many of the women did not have current employment or education with which to get an appropriately-paying job. In order to become a sustainable breadwinner for their family, many of the women needed to upgrade or get additional education; however, this was not possible without financial supports from Alberta Works to pay for education and/or childcare when they were in school.

"I've tried to apply for AISH a year ago but apparently my diagnosis wasn't, I didn't get accepted. I am on Alberta Works which is only a limit right so I'm trying to not only get the help for my mental illness and search for part time work. It's, it's been hard."

Long wait times for necessary documentation and immigration were also seen as a barrier for transitioning out of homelessness. Women were often restricted from working due to their immigration status or lack of permit, whereas with it, they could afford to move out on their own.

"I applied my permanent residency through the humanitarian compassionate considerations. They said it's going to take a year before they can decide or it depends to the officer when my file is going to be opened 'cause they received it last September. With that application I also applied for an open work permit so I'm expecting it to come…That's what I'm waiting for the open work permit."

They also indicated that not having status could affect their ability to receive services.

"No, they cannot help me because I don't have status. I have been to CUPS, they said they will call me if there's something they can do because I don't have status. I've been calling this house

'cause when I was at Sheriff King they, they said, it doesn't matter if you have status or whatever, you can go there if they have space but still I talk to them, they say because the funding is coming from the government, I should have my status."

Several of the women described their experiences with the child welfare system, ranging from checks from caseworkers to long-term child apprehension. They discussed being powerless within the system – needing to prove their 'worth' regarding their ability to care for their children. Women said that if they did one thing wrong, they could lose their children.

"I didn't know if that last time if they were ever going to be returned because of all the previous histories and their Dad was making it so difficult so even though they were in care, it was really rocky, it was really bad between us right so tried not to give up hope but then it was hard."

"Just to continue to interact with my two older ones but the younger ones I'm having issues there. I have to go back in Court to kind of get him back or to have visits with him but just to still continue to be in their lives. Mm-hm."

"Well I wish it was just a journey but it's not. Now I gotta work like twice, three times as hard just to see my kids, just to prove to them that I'm a fit mom."

"I was living in a second stage shelter with my three kids but I kind of took, I got put on medication when I was diagnosed with my mental illness and I was abusing it because the more I was taking, the more aggressive I got towards my kids and I started lashing out on people and security guards there to the point where I was getting evicted. Yeah, so Children Services stepped in and asked me what I wanted to do and I said well I want to give my kids to their Dad, to their fathers 'cause I don't want to lose them through Children Services right."

Other women discussed the inter-generational impacts of trauma and child welfare involvement.

"I grew up in foster homes. There are times that I lived with my granny like she raised me like most of my life and my mom too like it was like a cross between her and my mom. Like I didn't stay in foster homes for very long, just like you know like a couple months here, a couple months there. I've stayed in group homes before. I lived with my dad like for like a couple months to a year whatever. I've been like sexually abused and everything, whatnot. I lost a lot of really close family members growing up so I had a pretty hard like childhood watching people drink, do drugs in front of me. Yeah, just, it was a pretty tough childhood."

Some women also discussed issues they faced trying to access supports for their children through Family Supports for Children with Disabilities (FSCD). Many of the women knew or felt that their children had learning and behavior differences. These issues were exacerbated by

being in shelter, moving back and forth into different housing situations and having to change schools based on where they were living.

Social

Many women talked about their lack of social supports in the community – a lack of family or friends to help them in their time of need with housing, financial support, or other necessities.

Some of the limited social support was due to childhood issues. One woman spoke of her experiences with sexual abuse as a child. The woman had disclosed these issues to her mother when she was a teenager, however her mother did not believe her. The woman left her community as a teenager and lived wherever she could – with friends, with her partner, in storage units. This initial lack of support left her vulnerable and she became homeless.

Others' limited social network was due to immigration and a lack of community in Calgary. Still others mentioned that they had stayed with friends for short periods of time before becoming homeless but had left because they did not want to sever or harm the relationship and it was difficult to impose on their friends for more than a couple of weeks.

Emotional

Some of the women talked about not wanting their children to identify as homeless and wanting to project an image that they were not "homeless". Some of the women had not told their families that they were homeless because they were embarrassed and did not want to admit to where they were living. Many women felt deep shame and self-blame for their homelessness. One woman said "*it's my fault, we are here because of what I did. I left…*"

Other women were still worried about their safety from abusive partners. They did not want their partners to find out where they were staying or to even ask them for child support because they would have to see them. Even though they had left the violent relationship they still lived in constant fear. Fear of being 'found' and conversely, fear of having to return because they felt they had no other choice.

Most of the women had caseworkers who supported them in finding supports and resources where needed – mental health or counselling for themselves or their families; supports in finding housing; access to grants or immigration information; and more. However, even with this support, many of the women did not know all of the resources and services that were available to them. Many women felt trapped in homelessness because of the multiple 'systems' they had to navigate to deal with each 'issue'. For example, women talked about myths and misconceptions about their status, where to access the proper paperwork, what paperwork they needed in order to apply for subsidized housing, how to access health care cards for themselves and their kids, trying to navigate the court systems to get child support, and feeling overwhelmed, helpless and demoralized when they were continuously "rejected" in their search for supports.

Some of the women indicated that their caseworkers were not helpful in finding sustainable housing and that there was a degree of independence expected to get their families out of homelessness. This could be both helpful and not helpful, as described by one mom. She indicated that it was good to try to learn new skills and do it independently, however she did not always know how to get started or what was required.

"They pretty much expect you to be independent, like you're paying rent here and everything so you have to buy your own food so I guess that's what they're doing, pretty much like teach you how to get out there… I think I need help … how to look for places, like I've never actually lived on my own before so it's kind of nerve wracking. I've been looking on websites and stuff but I'm not sure how to go about it, leases and stuff like that, so I need like help with that. But other than that I'm pretty like okay with doing I it on my own."

Many of the women relied on other women in shelter to get information about where to go or who to talk to – in many situations, this further complicated the situation as the information didn't always align with what they were hearing from case workers.

Experiences in Shelters

Many women talked about their experiences living in the shelters. Their comments ranged from the food, to the services and their emotional impact to their perceptions of how shelter life was affecting their children.

Having Children in Shelter

Mothers worried about the impact of shelter life on their children. The shelters have many rules regarding when you need to get up, when meals are served, when you go to bed. Some of the floors were closed during the day so families with small children had to leave their rooms and go out into the community.

Many of the mothers found the rules to be stressful and they worried that the stress of the situation would affect their children.

"The first month is really hard for both especially with my boys. These boys, the youngest one, he really give me hard time because… like the first month we arrive, we come here. No space. We used to sleep, 5 o'clock we'd go, we went to United Church. We wake up 6 o'clock. The first week, month is really, really hard, tough life. After that we get this place upstairs, the cubicle. Everybody had a cubicle. We stayed the cubicle… The children gets, gets like little enough sleep but now after one month the life we said we like. The time we put 8'o'clock the bed children. Six o'clock is still it's okay for the children but for us we every go to bed. Just that's part of the life."

As well, the lack of stability was hard for the whole family. It was hard for children to understand the situation and why they were not living in their previous home. Some women had stayed at multiple shelters or had been transferred from shelter to shelter (often because of length of stay limits) and found it to be stressful.

"Oh, it was stressful especially my four-year-old son and his ADHD. He was a lot. He was like five kids in one. (Laughter) And so but yeah he's okay. I mean but it was hard with the kids because they were constantly saying oh I don't want to move, we're always moving, what you know, why don't, why don't we stay in one place."

"Well they're always afraid that we're going to be moving you know like I want them to like I told them this is only for, this is temporary so I told them once we get our permanent place, they'll be like you know, I want them to be in a stable like not having to worry that okay we're going to have to move again."

Some of the mothers saw that their children understood the situation but were still reacting to living with other children through bad behavior or language issues. For example, one mother

talked about her son swearing and his learning bad language from other kids in the shelter. She worried about the impact that the shelter life was having on him and wanted to move out as quickly as possible so the behavior wouldn't become 'normalized'.

"Really my boy, I'm thinking sometime my boys might get lost but still the youngest one is very smart. He know between us we don't have house right now. He wish, he looking ahead like forward to get the house. He knows we're going to go back our routine. Really, really my boy, he know. Sometime he act like other boys but all the, every night I will talk to him. Just I try to my best. Really he understand."

There were also many discussions about childcare. With limited financial resources, women often could not afford professional or regular childcare. This made it difficult for them to be out of the shelter with the children all day, trying to find things for their children to do. As well, trying to find a job or go to housing or other appointments was difficult with children in tow.

Experiences with Staff

Most of the women found the staff to be very helpful. One woman mentioned having trouble with one of her boys and the staff would help her put him to bed at night. Another woman mentioned getting support from the staff and appreciating what they did for her and her family. Others mentioned the family atmosphere of the staff support. Case workers helped with goal planning and getting resources in place, whereas shelter staff helped with basic needs for food, shelter, and transportation.

"It's a weekly thing like with my work, my case coordinator to kind of go through the goals that we talked about or are planning to see if they're on track or if we need to do adjustments or add something to it right…. I like it. For me it's mostly getting therapy, programs for myself and the kids like parenting right, housing, clothing resources, doctors, all that."

"I consider this place like the people I go, get along with and my case coordinator, like my family. They're my family now."

Several women also mentioned the need for more training of staff. This was especially true for women who had experiences of trauma in their lives; they noted that the staff could, at times, not know how to address their issues appropriately and respectfully. As one woman said "*staff need to know, if a woman gets mad cause you touch her arm… it's not because she's mad, she was probably raped and just doesn't like to be touched..*"

Experiences with shelter life

Many of the women discussed their own experiences with shelter life. They noted the lack of privacy as an issue. Living with several other families in a small space was seen to be difficult at times.

"I'm actually a private person so it was really hard for me. Sometimes I wake up and I don't want to see someone but you know it's their space too so there I am with the bathroom with 20 other women and I'm like what did I do to myself? Yeah so it was tough but they tried their best to help as much as they could you know. At least there's a roof over our head, there's warm food and yeah they did what they could do."

Others mentioned the rules and rigidity of the services. Although they recognized that these rules were necessary, it was still hard for them to accept that they had to follow these rules. For example, cooking their own food came up several times. Some of the women loved to cook and their children were used to eating their own traditional, cultural foods.

Others struggled with rules relating to routines such as times to get up and to go to bed.

"Oh it's a mix like its good that they have the places like the Inn but just the routine and schedules and the rules, it's kind of hard with three active boys. And just you know get your privacy because the cubicles are so close together and it's, you don't have an actual real door. It's just like a half door. But since then we've been here, we have our own place, the boys have been starting to settle down."

"Being there is too hard and they say get up the morning and go outside and when I going outside, my baby she don't have to, when she's sleeping, she's, she's sleeping just on me and it's too hard to raise there."

"Oh, it was hard, very stressful, very overwhelming. Yeah. Very how do you say? I mean I knew we were safe but just it was exhausting, very exhausting."

Resiliency and Hope

For women experiencing homelessness, they had great resiliency and motivation, stemming from their identity as a mother and their need to work towards a better situation for their children.

Kids as motivation

"It's my kids right. I told him that he can go but no matter what, the kids had to stay with me. So that's what motivated me to get the kids to me not to him."

"I used to get mad. The first two week I used to get mad, yesterday mad. Now I say let them, I don't want to kill myself. By the time we get our place, we going to go back to our routine. No routine now."

Thankful for Services

Women mentioned several times how "grateful" and "thankful" they were for the services that they had received at the shelters in Calgary and elsewhere. These women often had few other choices for keeping their children safe.

"Really I can't complain. Imagine we have the place, we sleep, we have on the table warm food. Some people complain too much. If we get snack anytime but sometime, some stuff yeah it's very complicate but if you complain… supervisor whatever, still they'll fix that stuff. I'm not lying. If you some, you have issue with the stuff, you have to go tell supervisor. The supervisor right away take the action. "

"I lost my immigration papers and so was rejected from Calgary Housing. But I'm still grateful. We stayed with a friend for a month but I didn't want to break the friendship so we moved to shelter. But we are grateful"

"I am like I don't know where I would be if it wasn't for the YWCA 'cause I don't know where else to go. I mean I could have ended up on a street, at the DI 'cause that's the path I was not thinking but if I didn't come here, I would have went into prostitution and got into drugs or something."

Many of the women in the short-term housing program felt that they had developed a sense of 'community' and built strong relationships with other mothers who lived there. This was in contrast to stories from women in shelter, who tried to avoid developing peer relationships for themselves or their children as they were concerned about their kids 'normalizing' homelessness.

Identity as a Mother

Many of the women talked about their role as mothers, both directly and indirectly. Their focus was on their children – to build a better life for them and to find sustainable housing outside of the shelter system.

"It kind of gets lonely like I'm so used to being a parent and I'm so used … it's not the same when I don't have her. I have freedom right now [because she's with her dad] but at the same

time I miss having her around… so yeah I'm hoping once I get my own place like I'll have my weekends with her and I'll be like better. At least I'll get her longer and everything."

Resiliency emerged in relation to the experiences women had gone through – from abuse in childhood to domestic violence to poverty and homelessness. Their focus was on being strong for their children and continuing to move forward.

"I'm working so hard to, to fight to, to get on my feet and find that job and you know and work from there and now that Mathew is a little older you know I explained to him you know when I find a job that you're, sometimes you'd have to be at day home, then I'd have to pick you up after I get home from work and it just breaks his heart for us to be apart."

"I don't know I just, throughout my life my life has been like a real struggle but I've come to realize it's going to take a lot more than the situations that I've come through to stop me from doing what I need to do to provide for my family. It's just hard being a single parent without any support or anything."

Hopes & Dreams

Women talked about their dreams for themselves and their families in the future. Many focused around getting their own house and getting a job or going back to school.

"I want to pursue my education, you know have everything back on track, my own home, my kids pursue their education, get all the help that they need you know 'cause I know they have, imagine that it, the illness right with illness and I just want them to succeed no matter what."

They talked about wanting their kids to be healthy and to go to college, to do well in school and to be able to give their children the things that they want and need.

Culture

For some women, their culture was seen as a source of strength. For example, they enjoyed making traditional food, speaking their language with friends and others, and recognizing their families as sources of support. However, for other women, certain aspects of their culture had contributed to victimization, violence, and a lack of support. For example, one woman described her family as very loving and supportive during her childhood. After she divorced her husband because of domestic violence issues, her family gave limited support because in their culture, divorce was not acceptable. Other women talked about wanting to learn more about their traditional cultures and to get reconnected to their community.

Discussion and Recommendations

Examination of all of the 'data sources' reveals several key things. First, families are staying much longer in emergency shelters than adult singles and the cultural background of families in shelter is also distinctly different. We also notice in the HMIS data that only 26% said yes to experiencing family violence, 14% reported a mental health issue, and only 5.7% reported substance use. While these distinctions and statistics taken in isolation are difficult to draw conclusions from, deeper examinations of the experiences of these mothers prior to and while in homelessness, is helpful in extrapolating 'what might be going on' that is distinctly different for families.

Every mother that we interviewed discussed previous experiences of violence, whether interpersonal, familial or structural and in fact, many women had experienced all three. We can conclude perhaps, that because of multiple experiences with violence and/or difficulties accessing adequate supports from 'systems' including child welfare and immigration, that mothers are fearful of the consequences to them and their children if they reveal histories of violence, mental health or substance use. Many of the mothers discussed their feelings of fear, shame and embarrassment because of their homelessness. Many of the women also discussed past histories of sexual violence and exploitation and all lived in fear, fear of losing their safety and fear of having to return to an abusive situation due to having no other choice. Despite the stories of structural, social, emotional and informational barriers, mothers still showed resiliency, hope and had strong identities as mothers. First and foremost were the needs of their children whether for their health, safety, stability, or connection to cultural practices, mothers wanted their children to finish school, go to college and be independent, self-reliant adults who did not have to face the same issues they had to face.

These findings lead us to several recommendations meant to create stability for families thereby preventing a continuous cycling in and out of homelessness and dependency for families now, and for children in the future. Our suggestions were largely developed as a result of our interviews with staff and with our advisory committee, many of whom struggle on daily basis to support very vulnerable women and children through multiple systems.

There is a need for an expanded and enhanced continuum of care to support families experiencing homelessness.

All of the women we interviewed talked about gaps in services and structural barriers to ending homelessness. Most felt 'trapped' in homelessness as they struggled to access the 'right' system or support at the 'right' time. Many of the women struggled to know where to start, particularly if they did not have access to 'status papers' or government financial benefits which they needed to access housing. Many women also indicated that they were fearful about losing the supports they currently had and having to return to an unsafe or abusive situation. Calgary has had a 10 Year Plan to End Homelessness since 2008. There are several housing programs available, however many women were told that they did not meet the eligibility requirements and/or that there were waitlists. A finding of particular importance in this study is the structural issue associated with immigration status. Thus, there is a need for a continuum of care where families from low to high acuity can receive appropriate and tailored supports that promote empowerment and sustainability. For example, formalized partnerships between shelters and immigration/settlement agencies could help bridge gaps between the homelessness and immigration 'systems'. Second, flexible and mobile funding that can be used for unanticipated costs like those associated with processing status applications and that follow the family. For example, if a family stays in a housing program for two years and has access to rent supplements and case management, when the family no longer needs case management, they could keep their rent supplement. A strong continuum of care around vulnerable women and their families could include housing supports as well as connections to physical and mental health services, immigration support, child and family services, and education and employment training programs.

There is a need to promote strong social networks for women including peer support.

Women without strong and healthy support systems are more vulnerable to homelessness. This also often limited their opportunities to end their experience of homelessness, or very likely, prevent it in the first place. For women who wanted to get a job or an education, they needed funding for childcare, transportation, housing, food, and other necessities. Often, the available

financial supports were not enough to cover all of these costs and women either could not or did not want to rely on family or friends for these tasks.

Women in the emergency shelter often said that they did not want to become close with the other mothers who were staying at the shelter because they did not want the experience to become "normal". Conversely, women staying in the short-term housing program thought of the women that they lived with as "family". Peer support, or providing access to someone who has lived the same social experience and been successful in 'moving on' is emerging as a promising practice in violence interventions and in housing programs (Bean, Shafer, Glennon, 2013; Tutty, Ogden and Wyllie, 2006). Inclusion of peers in prevention and intervention programs could be an important first step in helping vulnerable and victimized women to build healthy networks and relationships.

There is a need to recognize the complexity of family homelessness and focus supports on the effects of trauma.

Many of the women did not become homeless because of a single issue. They were often dealing with complex issues related to being a single parent, mental health or addictions issues, underlying poverty, multiple systems interactions and historical trauma. In addition, many of the women had experienced multiple forms of violence, often at the hands of authority figures. The implications on practice are important to consider. Women with a deep and inherent fear of authority or of retribution, may not be forthcoming when discussing histories of violence, mental health or substance use. They may also not trust persons in authority, including service providers because of previous traumatic experiences as the hands of people they thought they could trust.

For these women, there is no simple solution. Some required only a work permit and subsidized housing for a period of time, to get back on their feet, but others required more in-depth and long-term supports. More research is needed to develop a framework for trauma-informed care that is reflective of multiple experiences of trauma. However, a place to start, is to recognize the deep and profoundly difficult pathways into homelessness for women and children and to acknowledge that provision of housing, in isolation of supports for trauma, is not likely to lead to a sustainable end to homelessness for these families.

There is a need to scan the eligibility criteria and data collection approaches amongst affordable housing providers.

Calgary has over 11,000 units of affordable housing however, the number of units has not grown significantly while Calgary's population has grown exponentially. As a result, there is a waitlist of about 4,000 people trying to access affordable housing (City of Calgary, 2011) and approximately 14,000 Calgary households at imminent risk of homelessness (Calgary Homeless Foundation, 2014).

All of the women we interviewed had experienced multiple barriers to affordable housing. Many cited a lack of information, long wait lists or unclear rules about eligibility. There is also no transparent communication about the eligibility criteria of agency clients and/or any shared data about client turnover or success rates. Calgary's affordable housing 'universe' is in need of an assessment of current capacity gaps in order to make evidence-informed decisions about how to fill gaps and ensure that the housing that is available is going to people who need it the most.

More effort needs to be made to prevent family violence and provide support for victims of family violence before they become homeless.

Many of the issues identified in this study stemmed from experiences of violence, including homelessness itself. Intimate partner violence, familial violence across the lifespan and structural violence were a part of all of the women's stories. These experiences led the women to lose or jeopardize their social and familial networks, drove them into poverty, and 'trapped' them within multiple public systems which ultimately led to their homelessness. Interagency collaboration outside of the homelessness sector, including those working in violence prevention, immigration and settlement agencies, legal advice and low income legal support agencies, education and health care could lead to a 'violence prevention' task force to develop and share 'best practices' for identifying, screening and intervening for violence. **Recognizing and preventing family violence is an upstream mechanism for preventing family homelessness.**

Conclusion

The purpose of this study was to examine how mothers understand complexities related to experiences of homelessness and violence and the influence of service and policies on their trajectories. We took up multiple methods of data collection including analysis of HMIS data, interviews with mothers and service providers and though expert advice from our advisory committee. Our analysis framework took up a critical approach of systems and power in order to elevate our discussion of recommendations away from individual issues and towards proposed alternatives to service delivery and public policy that could potentially bridge gaps between siloed systems and build on the strength and resiliency inherent in mothers.

We conclude that If we can prevent multiple forms of interpersonal, familial and structural violence and/or bridge gaps between immigration, homelessness and violence sectors to develop holistic supports for women, we have the potential to end homelessness for families currently experiencing it and prevent future homelessness. Future research should focus on the impacts of trauma-informed care and peer support on the successful transition from homelessness towards stability.

References

Agger, B. (2006). *Critical social theories: An introduction*. Boulder, CO: Paradigm Publishers.

Anooshian, L. J. (2003). Social isolation and rejection of homeless children. *Journal of Children and Poverty, 9*, 115-134.

Barrow, S. M. & Laborde, N. D. (2008). Invisible mothers: parenting by homeless women separated from their children. *Gender Issues, 25*, 157-172.

Bassuk E. & Rosenberg, L. (1988). Why does family homelessness occur? A case-control study. *American Journal of Public Health, 78,* 783-788.

Bassuk, E., Weinreb, L., Dawson, R., Perloff, N., & Buckner, J. (1997). Determinants of behavior in homeless and low-income housed pre-school children*. Pediatrics, 100* (1), 92-100.

Bassuk, E., Volk, K., & Oliver. J. (2010). A Framework for developing supports and services for families experiencing homelessness. *The Open Health Services and Policy Journal, 3*, 34-40.

Bean, K.F., Shafer, M.S., & Glennon, M. (2013). The impact of housing first and peer support on people who are medically vulnerable and homeless. *Psychiatric Rehabilitation Journal, 36*(1), 48-50.

Benbow, S., Forchuk, C., & Ray, S.L. (2011). Mothers with mental illness experiencing homelessness: A critical analysis. *Journal of Psychiatric and Mental Health Nursing, 18*(8), 687-695.

Broussard, A., Joseph, A., & Thomson, M. (2012). Stressors and coping strategies used by single mothers livign in poverty. *Affilia, 27* (2), 190-204.

Buckner, J.C., Beardslee, W.R. & Bassuk, E.L. (2004). Exposure to violence and low-income children's mental health: Directed, moderated and mediated relations. *American Journal of Orthopsychiatry, 74* (4), 413-423.

Calgary Homeless Foundation. (2014). *Winter point-in-time count.* A research report for the Calgary Homeless Foundation. Retrieved from: http://calgaryhomeless.com/

Centre for Addiction and Mental Health [CAMH]. (2014). *Hidden population at risk of homelessness: Immigrant and newcomer youth in Canada.* Retrieved from: http://ontario.cmha.ca/news/hidden-population-risk-homelessness-immigrant-newcomer-youth-canada/#.WCZEsa19Umo

Covington, S. S. & Bloom, B. E., (2003). *Gendered justice: Women in the criminal justice system*. Retrieved from: http://stephaniecovington.com/assets/files/4.pdf

Culhane, D., Metraux, S., Park, J., Schretzman, M. & Valente, J. (2007). Testing a typology of family homelessness based on patterns of public shelter utilization in four US jurisdictions: Implications for policy and program planning. *Housing Policy Debate, 18* (1), 1-28.

Denzin, N.K., & Lincoln, Y. S. (2001). *The SAGE handbook of qualitative research (4th ed).*

Thousand Oaks, CA; Sage Publications.

Frankish, C., Hwang, S., & Quantz, D. (2005). Homelessness and health in Canada: Research lessons and priorities. *Canadian Journal of Public Health*. 96, 23-29.

Gaetz, S., Donaldson, Richter, T., & Gulliver, T. (2014). *The State of homelessness in Canada*. A Homeless Hub Research Paper. Retrieved from: http://www.homelesshub.ca/SOHC2014

Gay, L. R., & Airasian, P. (2003). *Educational research: Competencies for analysis and application* (7th ed.). Upper Saddle River, NJ: Pearson Education.

Gully, K.J., Koller, S., & Ainsworth, A.D. (2001). Exposure of homeless children to family violence: An adverse effect beyond alternative explanations. *Journal of Emotional Abuse, 2* (4), 5-18.

Homes for Women. (2013). Housing first, women second: Gendering housing first. Toronto. Retrieved from: http://ywcacanada.ca/data/documents/00000382.pdf

Kohl, P.L., Edleson, J.L., English, D.J. & Barth, R.P. (2005). Domestic violence and pathways into child welfare services: Findings from the National Survey of Child and Adolescent Well-Being. *Child and Youth Services Review, 27 (11),* 1167–1182.

Little, M., Shah, R., Vermeulen, M., Gorman, A. Dzendoletus, D. & Ray, J. (2005). Adverse perinatal outcomes associated with homelessness and substance use in pregnancy. *Canadian Medical Association Journal. 173(6)*, 615–618.

Milaney, K. (2013). Representation and regulation: A critical analysis of the woman in jail. Thesis dissertation. University of Calgary: ProQuest, UMI Dissertations Publishing.

Morse, J.M. (2001). What is qualitative health research? In, N.K Denzin & Y.S. Lincoln (Eds.). *The Sage handbook of qualitative research (4th ed.),* (pp. 401-415.) Thousand Oaks, CA; Sage Publications.

Papageorgiou, V., Frangou-Garunovic, A., Iordanidou, R., Yule, W., Smith, P., & Vostanis, P. (2000). War trauma and psychopathology in Bosnian refugee children. *European Child & Adolescent Psychiatry*. 9, 84–90.

Paradis, E., Novac, S., Sarty, M., & Hulchanski, D. (2008). Better off in a shelter? A Year of homelessness & housing among status immigrant, non-status migrant, & Canadian-born families. Retrieved from: http://www.citiescentre.utoronto.ca/publications/Research_Bulletins.htm

Paradis, E., & Mosher, J. (2012). *Take the story, take the needs and do something: Women's priorities for community-based participatory research on action Toronto.* Canadian Homelessness Research Network. Homeless hub report #9. Retrieved from: http://homelesshub.ca/

Rafferty, Y., Shinn, M. (1991). The Impact of homelessness on children. *American Psychologist, 46*(11), 1170-1179.

Ruttan, L., LaBoucane-Benson, P., & Munro, B. (2010). Home and native land: Aboriginal women and h o m e l e s s n e s s in the city. *First Peoples Child and Family Review, 5*(1) 66-76.

Segaert, A. (2012). *The National shelter study: Emergency shelter use in Canada 2005-2009*. Ottawa. Homelessness Partnering Secretariat, Human Resources and Skills Development Canada.

Shlay, A. (1994). Family self-sufficiency and housing. *Housing Policy Debate, 4* (3), 457-495.

Thomas, C. (2007). *Sociologies of disability, 'impairment', and chronic illness: Ideas in disability studies and medical sociology*. London, UK: Palgrave.

Thurston, W.E., Oelke, N., Turner, D., & Bird, C. (2013). Improving housing outcomes for Aboriginal people in Western Canada: National, regional, community and individual perspectives on changing the future of homelessness. Calgary, AB: Department of Community Health Sciences, University of Calgary.

Tischler, V., Edwards, V., & Vostanis, P. (2009). Working therapeutically with mothers who experience the trauma of homelessness: An Opportunity for growth. *Counseling and Psychotherapy Research: Linking Research with Practice. 9*(1), 42-46.

Titchkosky, T. (2007). *Reading and writing disability differently: The textured life of embodiment.* Toronto, ON: University of Toronto Press.

Tutty, L., Ogden, C., & Wyllie, K. (2006). *An evaluation of the Peer Support Services peer model* . Final Report to Peer Support Services for Abused Women. Calgary AB, RESOLVE Alberta.

Tutty, L., Bradshaw, C., Hewson, J., MacLaurin, B., Waegemakers Schiff, J., & Worthington, C. (2012). Risks and assets for homelessness prevention. A Literature review for the Calgary homeless foundation. Retrieved from: http://calgaryhomeless.com/

Vostanis, P., Tischler, V. Cumella, S., & Bellerby, T. (2001). Mental health problems and social supports among homeless mothers and children victims of domestic and community violence*. International Journal of Social Psychiatry, 47* (4), 30-40.